MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) SERIAL NO.
09/4/7.080 | FILING DATE
11/22/94

	AS	FILED	AFT	ER IDMENT	AF 2nd AME	TER NDMENT
	IND.	DEP.	IND.	DEP.	IND.	DEP.
_						
3_						
4	 					
5	11					
6	↓					
7		ļ				
8	—	 				
9	 	 				
10	 	 				
11	╁	 	-			
12	 					
3	 	 				
4	 			,		
15	 					
16 17	 	├		$-\!\!\!-\!\!\!\!+$		
17 18	 	 				
9	 	 				
20	 	 		-+		
21						
22				\dashv		
23						
24						
25						
26						
27						
28	·					+
29						
30						
81						
32		· ·				
33		· .				
34						
85		·				
36				T		
37						
88						
9				\Box		
•						
41						
12						
48						
44 45						
16	-					
7						
8						
9		 +			$-\!\!\!\!+$	
0		-				
L.	3	. 1			-	
		J⊦		1 -		
AL	3			_	•	_
AL	6	Park Star		7/2/5/2	3.	Will st